EXTENDED TO NOVEMBER 16, 2020

Department of the Treasury

OMB No. 1545-0047

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) (Rev. January 2020) ▶ Do not enter social security numbers on this form as it may be made public.

intern	ai Reve	hue Service Go to www.irs.gov/Form990 for instructions and	tille lates	t illiorination.	mspection			
A F	or the	e 2019 calendar year, or tax year beginning and e	ending					
В с	heck if oplicabl	C Name of organization		D Employer identific	cation number			
	Addre:	BELWIN CONSERVANCY						
	Name chang	Doing business as		1 41-09678	91			
	Initial return		Room/suite	E Telephone numbe	r			
	Final return	1553 STAGECOACH TRAIL SOUTH	rtoom, ourto	651-436-				
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$ 1,301,255.					
	Ameno return	AFION, MN 33001		H(a) Is this a group re	eturn			
	Application		for subordinates? Yes X No					
	pendir	$^{ ext{\tiny 9}}$ $ $ 3001 BROADWAY STREET NE, SUITE 640, MIN		H(b) Are all subordinates in	ncluded? Yes No			
I T	ax-exe	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) o	or 527	┥,	list. (see instructions)			
		e: WWW.BELWIN.ORG		H(c) Group exemptio				
		organization: X Corporation Trust Association Other	L Year	of formation: 1970 N	State of legal domicile; MN			
Pa	rt I	Summary						
0	1	Briefly describe the organization's mission or most significant activities: ${ t DEDIC}$	CATED	TO PRESERVA	TION,			
Activities & Governance		RESTORATION AND APPRECIATION OF OUR NATUR	RAL WO	ORLD. IT OW	NS			
Ľ.	2	Check this box 🕨 📖 if the organization discontinued its operations or dispos	ed of mor	e than 25% of its net as	ssets.			
۱	3	Number of voting members of the governing body (Part VI, line 1a)		3	8			
5	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	8			
Sé l		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			15			
ξĮ		Total number of volunteers (estimate if necessary)			67			
∄		Total unrelated business revenue from Part VIII, column (C), line 12		 1	0.			
۷		Net unrelated business taxable income from Form 990-T, line 39			0.			
				Prior Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)		762,069.	1,164,151.			
Revenue		Program service revenue (Part VIII, line 2g)		0.	0.			
§		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-8,656.	42,264.			
<u>سّ</u> ا		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		98,609.	94,840.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		852,022.	1,301,255.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
		5 5 11 5 5 1 5 5 1 5 5 1 5 1 5 1 5 1 5	0.	0.				
,				403,423.	558,491.			
Expenses	160	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Sen	10a	Total fundraising eveness (Part IV, column (D), line 25) 181 80	31. H	•	-			
Μ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		637,839.	544,397.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,041,262.	1,102,888.			
				-189,240.	198,367.			
- S:	19	Revenue less expenses. Subtract line 18 from line 12		eginning of Current Year	End of Year			
ance	20	Total accets (Dayt V. line 16)		12,554,368.	12,941,345.			
Net Assets or und Balances		Total assets (Part X, line 16) Total liabilities (Part X, line 26)		1,598,230.	1,600,173.			
		Net assets or fund balances. Subtract line 21 from line 20		10,956,138.	11,341,172.			
	rt II	Signature Block		10,550,150	11,341,1720			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and etaten	nents, and to the hest of m	v knowledge and helief it is			
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			y Knowledge and Deller, it is			
uu,	COTTCC	t, and complete. Declaration of proparti (other than officer) is based on an information of wif	ion proparo	I nas any knowledge.				
C:		Signature of officer		I Date				
Sigr		DAVID HARTWELL, PRESIDENT						
Here	Э	Type or print name and title						
		· · · · · · · · · · · · · · · · · · ·		Date Check	II PTIN			
Paid		Print/Type preparer's name JOANNE KLETSCHER Preparer's signature		if				
				self-employe	41-1834878			
	arer	Firm's name BURR OAK GROUP, INC. Firm's address 3001 BROADWAY STREET NE STE. 640	1	FIRM'S EIN	#T_T03#010			
บชย	Only	MINNEAPOLIS, MN 55413	,	Di				
		МІМПЕАРОПІВ, ММ 33413		Phone no.				

May the IRS discuss this return with the preparer shown above? (see instructions)

Par	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: ODCANTGAMTON DEDICAMED TO DESCRIPTAMENTON AND ADDRESS AN
	ORGANIZATION DEDICATED TO PRESERVATION, RESTORATION AND APPRECIATION
	OF OUR NATURAL WORLD. BELWIN OWNS APPROXIMATELY 1400 ACRES OF LAND IN THE AFTON, WEST LAKELAND TOWNSHIP AND LAKELAND, MN. BELWIN COMPRISES
	,
	ONE OF THE LARGEST PRIVATELY OWNED NATURE PRESERVES IN THE TWIN CITIES
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
•	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
40	revenue, if any, for each program service reported. (Code:) (Expenses \$ 401,732 • including grants of \$) (Revenue \$)
4a	(Code:) (Expenses \$ 401,732 • including grants of \$) (Revenue \$) (Revenue \$) (Revenue \$)
	COMMUNITIES THAT ONCE FLOURISHED IN THE ST. CROIX VALLEY, BUT ARE NOW
	ENDANGERED DUE TO HABITAT FRAGMENTATION, DEVELOPMENT ETC. VISITORS OF
	ALL AGES COME TO WALK THE 22 MILES OF TRAILS OF NATURAL LANDSCAPE ON
	MORE THAN 1300 ACRES. MORE THAN 10,000 STUDENTS, COMPRISED OF EVERY
	3RD AND 5TH GRADER IN THE ST. PAUL SCHOOL DISTRICT, AS WELL AS HIGH
	SCHOOL STUDENTS, VISIT THE BELWIN CONSERVANCY EACH YEAR WHERE THEY ARE
	INSTRUCTED BY PROFESSIONAL ENVIRONMENTAL EDUCATORS.
	INDIROCIED DI IROI EDDIORRE ENVIRONMENTAL EDOCATORO:
4b	(Code:) (Expenses \$ 228,421 • including grants of \$) (Revenue \$)
40	ART, SCIENCE AND NATURE - BELWIN PROVIDES HIGH QUALITY, DIVERSE ART
	(AND SCIENCE) PROGRAMMING, BOTH PARTICIPATORY AND OBSERVATORY THAT WILL
	IN ALL CASES INCLUDE AN ENVIRONMENTAL MESSAGE THAT LEAVES PARTICIPANTS
	DELIGHTED WITH THE EXPERIENCE AND ENLIGHTENED TO ENVIRONMENTAL ISSUES.
4c	(Code:) (Expenses \$ 133,911 • including grants of \$) (Revenue \$)
	RECREATION - BELWIN OFFERS THE COMMUNITY TWO TYPES OF RECREATIONAL
	ACTIVITIES. THE LUCY WINTON BELL ATHLETIC FIELDS WITH SOCCER, BASEBALL
	AND FOOTBALL FIELDS COVERS 50 ACRES. IT IS PRIMARILY FOR CHILDREN
	PARTICIPATING IN THE PROGRAMS RUN BY THE ST. CROIX SOCCER CLUB AND ST.
	CROIX VALLEY ATHLETIC ASSOCIATION. THE HIGH QUALITY FIELDS WERE OPENED
	IN 1999 AFTER COMMUNITY LEADERS ASKED BELWIN TO PARTICIPATE IN
	PROVIDING FACILITIES THAT WERE NOT OTHERWISE AVAILABLE TO THE
	COMMUNITY. PASSIVE HIKING TRAILS ARE AVAILABLE TO THE PUBLIC AND
	MAINTAINED BY BELWIN IN NUMEROUS PLACES ON ITS PROPERTY ADJACENT TO THE
	LUCY WINTON BELL ATHLETIC FIELDS.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 764,064.
	Form 990 (2019)

Form 990 (2019) BELWIN CONSERVANCY Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			3,7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	44.		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			$ _{\mathbf{x}}$
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		x
L	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		122
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	174		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	11.2		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Part IV Checklist of Required Schedules (continued)

		_	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	Х	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			$\perp \perp$
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	1c	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6-		х
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		
b	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand			77
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v
	excess parachute payment(s) during the year?	15		X
16	If "Yes," see instructions and file Form 4720, Schedule N.	10		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.	Form	990	(2010

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Creck it Scriedule O contains a response or note to any line in this Part VI			22
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
Ū	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	tion Division (This economic requests information about politico net required by the informative country		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	iou		
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1 I I		
12a	and the second s	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
		120		
·		12c	х	
12		13	X	
13 14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14	X	
	Did the process for determining compensation of the following persons include a review and approval by independent	14		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
•	The organization's CEO, Executive Director, or top management official	15a		Х
a h	Other officers or key employees of the organization	15b		X
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	JUD		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
IUa	taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	IUa		
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
Sec	exempt status with respect to such arrangements? tion C. Disclosure	IUU		
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed ►MN			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.	, 5 51 my	, 4,4411	2210
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
13	statements available to the public during the tax year.	u midi	ioidi	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	KATIE BLOOME - 651-436-5189			
	1553 STAGECOACH TRAIL SOUTH, AFTON, MN 55001			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	Position eck more than one s person is both an d a director/trustee)			(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DAVID B HARTWELL	1.00	X		х				0.	0.	0
PRESIDENT (2) DOUGLAS JOHNSON	1.00	╀≏		^				0.	0.	0
VICE PRESIDENT	1.00	$ \mathbf{x} $		x				0.	0.	0
(3) JERRY ALLAN	1.00	+						0.	0.	0
DIRECTOR	1.00	$ \mathbf{x} $						0.	0.	0
(4) JOHN SATORIUS	1.00	ᢡ								
SECRETARY		x		x				0.	0.	0
(5) JILL KOOSMANN	1.00	1								
TREASURER		X		х				0.	0.	0
(6) IRENE QUALTERS	1.00									
DIRECTOR		X						0.	0.	0
(7) CINDY GEHRIG	1.00									
DIRECTOR		Х						0.	0.	0
(8) KATIE BLOOME	40.00	1						4.5		
EXECUTIVE DIRECTOR		<u> </u>		Х				105,000.	0.	0
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Form **990** (2019)

Name and title Average	Part VII Section A. Officers, Directors, Trus	(B)	<u>.</u>			<u>a</u> C)	J J		(D)	(E)			(F)	
Nours per West Section Sect	• •	` ′							1 ' '	` ,		Fo		h
Subtotal	reame and title		box, unless person is both a						· ·	•				
Pour form the organization Pour form the		week							· ·	•		<u> </u>		
1b Subtotal		(list any	ctor						the	organization	s	com	pensa	tion
1b Subtotal			r dire				ted		organization	(W-2/1099-MIS	SC)	fr	om the	Э
1b Subtotal			stee c	rustee		l	ensa		(W-2/1099-MISC)					
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5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) NONE Description of services Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0														
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	and related organizations greater than \$15	0,000? <i>If "Yes,</i>	" co	mple	ete S	Sche	edule	e J i	for such individual			4		X
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) (Compensation Possible of Services (Compensation of Services) NONE (Description of Services) 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0	5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	rom	any	/ unr	elat	ted organization or indivi	dual for services	;			
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C		plete Schedul	e J t	or su	uch	pers	son .					5		_X
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation Compensation Compensation Independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization (B) (C) Compensation Compensation	<u> </u>													
(A) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation \(\bigset{\text{O}}\)											npens	ation 1	rom	
Name and business address NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization O		trie caleridar y	ear	enai	ng v	VILII	Or W	TUTTI		/ear.		10	٠,	
\$100,000 of compensation from the organization 0		address	N	INC	3					ervices	С			n
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\$100,000 of compensation from the organization 0														
\$100,000 of compensation from the organization			ot li	mite	d to		_	stec	d above) who received m	ore than				
	\$100,000 of compensation from the organi	zation >					U					Г	000 /-	2042

932008 01-20-20

Pa			Statement of Revenue				41 0507	OJI rage O
ıa		••••			5			
			Check if Schedule O contains a response	or note to any lir	(A) Total revenue	Related or exempt	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	2	b c d e f g h a b c d e		Business Code	1,164,151.			Sections 512 - 514
			Total. Add lines 2a-2f					
	3 4 5		Investment income (including dividends, interother similar amounts) Income from investment of tax-exempt bond properties	est, and proceeds	27,364.			27,364.
		b	Gross rents 6a Less: rental expenses 6b Rental income or (loss)	(ii) Personal				
	7	а	Net rental income or (loss) Gross amount from sales of assets other than inventory 7a (i) Securities	(ii) Other	94,840.			94,840.
Revenue		С	Less: cost or other basis and sales expenses Gain or (loss) 7b 7c Net gain or (loss)	•	14,900.			14,900.
Other I	8	а	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a					
			Less: direct expenses 8b					
			Net income or (loss) from fundraising events	D				
		b	Gross income from gaming activities. See Part IV, line 19 Less: direct expenses 9a 9b					
			Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
			and allowances 10a	a				
		b	Less: cost of goods sold 10k	o e e e e e e e e e e e e e e e e e e e				
		С	Net income or (loss) from sales of inventory	<u></u>				
<u>s</u>				Business Code				
eon	11	а						
Miscellaneous Revenue		b						
es el		С						
Mis		d	All other revenue					
		е	Total. Add lines 11a-11d	>				
	12		Total revenue. See instructions		1,301,255.	0.	0.	137,104.

932009 01-20-20

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respon	se or note to any line in t			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	· ·	·	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
2	and domestic governments. See Part IV, line 21 Grants and other assistance to domestic				
2					
3	Grants and other assistance to foreign				
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
3	trustees, and key employees	100,000.	13,000.	27,000.	60,000
6	Compensation not included above to disqualified	200,0001	20,0001	27,0000	00,000
Ü	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	375,802.	277,295.	62,349.	36,158
8	Pension plan accruals and contributions (include		=::,=:30	/	20,230
٥	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	44,664.	27,708.	7,910.	9,046
10	Payroll taxes	38,025.	23,459.	6,795.	7,771
11	Fees for services (nonemployees):	00,000		7,1201	.,
b					
c	· [
d					
е	D (' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '				
f					
g					
Ŭ	column (A) amount, list line 11g expenses on Sch 0.)	109,087.	83,116.	12,058.	13,913
12	Advertising and promotion	75,391.	60,589.		14,802
13	Office expenses	11,324.	6,986.	2,024.	2,314
14	Information technology	18,695.	11,534.	3,341.	3,820
15	Royalties				
16	Occupancy	19,206.	11,849.	3,432.	3,925
17	Travel	3,800.	400.	3,018.	382
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	2,756.	2,756.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	98,438.	60,730.	17,592.	20,116
23	Insurance	35,653.	21,996.	6,371.	7,286
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Omited Dedated T	128,031.	128,031.		
b	TIBLITATE DEDATE	26,965.	26,965.		
c	DEXT ECHANE MAYER	10,803.	6,665.	1,930.	2,208
d	MT COULT ANDOUG	4,248.	985.	3,113.	150
e		· · · · · · · · · · · · · · · · · · ·		·	
25 25	Total functional expenses. Add lines 1 through 24e	1,102,888.	764,064.	156,933.	181,891
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2019)

Pa	πx	Balance Sheet					
		Check if Schedule O contains a response or note t	o an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	121,253.	1	270,930.		
	2	Savings and temporary cash investments			146,920.	2	174,284
	3	Pledges and grants receivable, net	32,659.	3	11,320		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or fo					
		trustee, key employee, creator or founder, substan					
		controlled entity or family member of any of these		5			
	6	Loans and other receivables from other disqualified					
		under section 4958(f)(1)), and persons described in	ı sec	tion 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net			1,504,597.	7	1,514,305
Assets	8	Inventories for sale or use				8	
ğ	9	5				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D1	0a	14,478,216.			
	b	Less: accumulated depreciation1	0b	3,507,710.	10,748,939.	10c	10,970,506
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 11			12		
	13	Investments - program-related. See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal li			12,554,368.	16	12,941,345
	17	Accounts payable and accrued expenses		98,257.	17	100,200	
	18	Grants payable		18			
	19	Deferred revenue			1,499,973.	19	1,499,973
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Par	rt IV	of Schedule D		21	
es	22	Loans and other payables to any current or former	offic	er, director,			
Liabilities		trustee, key employee, creator or founder, substan	itial c	contributor, or 35%			
iap		controlled entity or family member of any of these	perso	ons		22	
_	23	Secured mortgages and notes payable to unrelate	d thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelated the	hird _l	parties		24	
	25	Other liabilities (including federal income tax, payal	bles	to related third			
		parties, and other liabilities not included on lines 17	7-24)	. Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			1,598,230.	26	1,600,173
s		Organizations that follow FASB ASC 958, check	her	e ▶ X			
)Ce		and complete lines 27, 28, 32, and 33.			4-0-6-0		
alar	27				-453,650.	27	-258,841
Ä	28	Net assets with donor restrictions			11,409,788.	28	11,600,013
Ĕ		Organizations that do not follow FASB ASC 958	, che	eck here 🕨 📖			
ř		and complete lines 29 through 33.					
ţs c	29	Capital stock or trust principal, or current funds \dots			29		
sse	30	Paid-in or capital surplus, or land, building, or equip		F		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inco			40.054.465	31	44 044 455
Š	32	Total net assets or fund balances			10,956,138.	32	11,341,172
	33	Total liabilities and net assets/fund balances			12,554,368.	33	12,941,345

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI					X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,30				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,10				
3	Revenue less expenses. Subtract line 2 from line 1	3			67.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 10							
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9		18	6,6	<u>67.</u>		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	11	,34	1,1	72.		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>					
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,					
	consolidated basis, or both:							
	Separate basis X Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	,					
	review, or compilation of its financial statements and selection of an independent accountant?			2c		Х		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	Э.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Au	dit					
	Act and OMB Circular A-133?			За		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	dit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization BELWIN CONSERVANCY **Employer identification number** 41-0967891

Pa	rt I	Reason for Public Charity Status (All organizations must complete this part.) See instructions.						
The	organ	ization is not a private found	ation because it is: (For lines 1 through 12, o	heck only	one box.)		
1		A church, convention of ch	urches, or associatio	on of churches described	d in sectio	n 170(b)(1	I)(A)(i).	
2		A school described in secti	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 99	90-EZ).)		
3		A hospital or a cooperative		· ·			ii).	
4		A medical research organiz					•	the hospital's name
•		city, and state:	anon operated in co.	njanotion with a moopital	GOOGIIDO			ino noopital o namo,
5		An organization operated for	or the benefit of a co	llogo or university owner	d or operat	tod by a d	overnmental unit describ	ood in
3				nege of university owner	u or opera	led by a g	overnmentar unit descrit	Jea III
_		section 170(b)(1)(A)(iv). (C	· · · · ·				()	
6		A federal, state, or local gov						
7	X	An organization that norma		ntial part of its support f	rom a gov	ernmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C						
8	\square	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the colleg	e or
		university:						
10		An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	port from	contribution	ons, membership fees, a	and gross receipts from
	activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment							
	income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.							
	See section 509(a)(2). (Complete Part III.)							
11		An organization organized a	and operated exclusi	ively to test for public sa	fety. See	section 50)9(a)(4).	
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3). (Check the box in
		lines 12a through 12d that	•					
а		Type I. A supporting orga	• •			-	· · · · · ·	v aivina
		the supported organization	· ·	· ·	•	•		
		organization. You must o						
b		Type II. A supporting org			tion with it	e sunnorti	ed organization(s), by ha	vina
~		control or management o	•					•
		organization(s). You mus			arrie perse	nis triat co	ontrol of manage the sup	ported
_		Type III functionally inte			in connoc	tion with	and functionally intograt	ad with
·		its supported organization					•	ea with,
d		Type III non-functionally		•				ization(a)
u								
		that is not functionally int	-		•		-	iveriess
		requirement (see instruct	·	-				
е		☐ Check this box if the orga					ı Type I, Type II, Type III	
		functionally integrated, or	* *	nally integrated support	ing organiz	zation.		
f		er the number of supported of						
g		vide the following information i) Name of supported	i about the supporte	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other
	•	organization	(11) 2.11	(described on lines 1-10	in your governi Yes	ng document? No	support (see instructions)	support (see instructions)
				above (see instructions))	165	140	,	, , , , , , , , , , , , , , , , , , ,
Γ <u>α</u> 4-								
Γota								ı

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	649,851.	794,593.	1268302.	756,714.	1153441.	4622901.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						_
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	649,851.	794,593.	1268302.	756,714.	1153441.	4622901.
5	The portion of total contributions						_
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						17,698.
6	Public support. Subtract line 5 from line 4.						4605203.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total 4622901.
7	Amounts from line 4	649,851.	794,593.	1268302.	756,714.	1153441.	4622901.
8	Gross income from interest,						_
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	105,396.	98,310.	95,029.	98,609.	94,840.	492,184.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						5115085.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stor						▶□
	ction C. Computation of Publ						
14	Public support percentage for 2019 (14	90.03 %
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	86.94 %
16a	33 1/3% support test - 2019. If the o	•		•		•	
	stop here. The organization qualifies						<u>X</u>
b	33 1/3% support test - 2018. If the o						nis box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac					-	
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the		•				
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s ▶∟

Schedule A (Form 990 or 990-EZ) 2019

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
·	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to						
	the organization without charge						
6	Takal Asial Basa d Massacak 5						
	Total. Add lines 1 through 5				1		<u> </u>
/ 6	' '						
ŀ	3 received from disqualified persons Amounts included on lines 2 and 3 received				1		
•	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	•••	(-) 001E	(h) 0010	(=) 0017	(4) 0040	(=) 0010	(f) Total
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6 Gross income from interest,						
104	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) orga	nization,
_	check this box and stop here						>
	ction C. Computation of Publi						
	Public support percentage for 2019 (li					15	%
	Public support percentage from 2018					16	%
Se	ction D. Computation of Inves	tment Incom	e Percentage				
17	Investment income percentage for 20	19 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2019. If the					33 1/3%, and line	e 17 is not
	more than 33 1/3%, check this box ar						▶ □
k	33 1/3% support tests - 2018. If the						6, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
3с		
_		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
9a		
6.		
9b		
9c		
10a		
10b		

Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	í –	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	,			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	-		
_	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b		6.		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pai	TV Type III Non-Functionally Integrated 509(a)(3) Supporting	ıg Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrat	ted Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Par	LV	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D -	Distributions			Current Year
1	Amou	nts paid to supported organizations to accomplish exe	mpt purposes		
2	Amou	nts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organ	zations, in excess of income from activity			
3	Admir	istrative expenses paid to accomplish exempt purpose	es of supported organization	is	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrib	outions to attentive supported organizations to which the	ne organization is responsive	Э	
	(provi	de details in Part VI). See instructions.			
9	Distrib	outable amount for 2019 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distrib	outable amount for 2019 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2019 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2019			
а	From	2014			
b	From	2015			
С	From	2016			
d	From	2017			
е	From	2018			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h		ed to 2019 distributable amount			
i	Carry	over from 2014 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2019 from Section D,			
	line 7:	·			
а	Applie	d to underdistributions of prior years			
		d to 2019 distributable amount			
		inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2019, if			
	,	Subtract lines 3g and 4a from line 2. For result greater			
		ero, explain in Part VI. See instructions.			
6		ining underdistributions for 2019. Subtract lines 3h			
		b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7		s distributions carryover to 2020. Add lines 3j			
	and 4				
8		down of line 7:			
		s from 2015			
		s from 2016			
		s from 2017			
		s from 2018			
е	Exces	s from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Dat IV Section A linear 1 2 the 50 4h 45 56 9 00 00 110 11b and 110 Dat IV Section B linear 1 and 2 Dat IV Section C
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
	(See instructions.)

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2019

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
SMIKIS	120,000.	17,698.
Total Excess Contributions to Schedule Δ. Part II. Line 5		17,698.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

➤ Go to www.irs.gov/Form990 for the latest information.

2010

OMB No. 1545-0047

Name of the organization

Organization type (check one):

Employer identification number

BELWIN CONSERVANCY 41-0967891

Filers of:	Section:
Form 990 or 990-EZ	$\boxed{\mathbf{X}}$ 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509(a)(1) any one contribute	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the utions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the lty to children or animals. Complete Parts I, II, and III.
year, contributions is checked, enter l purpose. Don't co	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the sexclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., mplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \bigsim \$\$\$
	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Employer identification number

BELWIN CONSERVANCY

41-0967891

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	BELWIN SUPPORTING FUND 3001 BROADWAY STREET NE - SUITE 640 MINNEAPOLIS, MN 55413	\$ 456,600.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	DAVID WINTON BELL FOUNDATION 3001 BROADWAY STREET NE - SUITE 640 MINNEAPOLIS, MN 55413	\$ <u>25,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	SMIKIS 3001 BROADWAY STREET NE - SUITE 640 MINNEAPOLIS, MN 55413	\$ 90,000.	Person X Payroll
(a) No.	(b)	(c) Total contributions	(d)
4	Name, address, and ZIP + 4 JAMES & DEBRA ANDREWS FAMILY FUND 2905 NORTHWEST BOULEVARD - SUITE 230 PLYMOUTH, MN 55441	\$ 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Tamo, addi coo, and En TT	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

BELWIN CONSERVANCY

41-0967891

Part II	Noncash Property (see instructions). Use duplicate copies of P	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. From	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Employer identification number

Name of organization

41-0967891 **BELWIN CONSERVANCY** Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

BELWIN CONSERVANCY

Employer identification number 41-0967891

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised t	unds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be use	d only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose con	ferring
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization	·	
	Preservation of land for public use (for example, recrea		storically important land area
	X Protection of natural habitat	Preservation of a ce	ertified historic structure
	X Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		00 00
	Total acreage restricted by conservation easements		• ===
	Number of conservation easements on a certified historic str		. 2c
a	Number of conservation easements included in (c) acquired		
•	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	ganization during the tax
4	Number of states where property subject to conservation as	coment is leasted • 1	
4 5	Number of states where property subject to conservation ea Does the organization have a written policy regarding the per		
3	violations, and enforcement of the conservation easements i		X Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	b	Training of violations, and emoreing conserv	ation casements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
-	▶ \$		caccinicate adming the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4	4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footi	•	
	organization's accounting for conservation easements.	<u>-</u>	
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and	balance sheet works
	of art, historical treasures, or other similar assets held for pul	olic exhibition, education, or research in furthe	erance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and bala	nce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthera	nce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial ga	in, provide
	the following amounts required to be reported under FASB A		
	Revenue included on Form 990, Part VIII, line 1		·
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2019

932051 10-02-19

	t III Organizations Maintaining C	ollections of A		easures or Oth	er Simi			Page Z
3	Using the organization's acquisition, accession							ieu)
3		on, and other record	s, check any or the	lollowing that make	Significal	it use of its	5	
_	collection items (check all that apply):			L				
а	Public exhibition	d		hange program				
b	Scholarly research	е	U Other					
С	Preservation for future generations							
4	Provide a description of the organization's co					oose in Pa	rt XIII.	
5	During the year, did the organization solicit or						_	
D	to be sold to raise funds rather than to be ma						Yes	No_
Par	t IV Escrow and Custodial Arrang	= -	ete if the organization	on answered "Yes" o	n Form 99	90, Part IV	, line 9, or	
	reported an amount on Form 990, Par							
1a	Is the organization an agent, trustee, custodic						٦.,	
	on Form 990, Part X?					∟	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing table:			1		
							Amount	
	Beginning balance							
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f	<u> </u>	_	
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or c	ustodial account liab	oility?	L	Yes	└── No
	If "Yes," explain the arrangement in Part XIII.							
Par	t V Endowment Funds. Complete if	the organization an	swered "Yes" on Fo	orm 990, Part IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four y	ears back
1a	Beginning of year balance	146,920.	155,576.	134,736.		127,276		128,753.
b	Contributions							
С	Net investment earnings, gains, and losses	27,364.	-8,656.	20,840.		7,460		-1,477.
d	Grants or scholarships							
	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance	174,284.	146,920.	155,576.		134,736		127,276.
2	Provide the estimated percentage of the curr	ent vear end balanc	-	•		•	1	
a	Board designated or quasi-endowment		%	L))				
	Permanent endowment 64.00	%						
	Term endowment ► 36.00 9							
Ŭ	The percentages on lines 2a, 2b, and 2c show							
32	Are there endowment funds not in the posses		ation that are held a	and administered for	the organ	nization		
Ou	by:	331011 Of the organize	ation that are neid a	ina administered for	tric organ	iization	Г	Yes No
	-						3a(i)	X
								X
b	(ii) Related organizations						(/	X
							3b	
Bar	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		wment tunas.					
Fai) David IV line 44 a (Saa Farra 000 Dard \	/ line 10			
	Complete if the organization answered	1					() D	
	Description of property	(a) Cost or of	1 ' '		Accumula		(d) Book	value
		basis (investn		(other) de	epreciatio	11	0 725	361
	Land				220 (122		,361.
	Buildings				338,9			,103.
	Leasehold improvements	E 0.4			843,6		331	,894.
d	Equipment	501,	237.		325,0	189.	176	,148.
	Other							
Total	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	X, column (B), line 1	10c.)		🕨 🗆	L0,970	<u>,506.</u>

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 BELWIN CONS	ERVANCY	41	-0967891	Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990. Part X. line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market v	/alue
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market v	/alue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.				
	on Form 000 Port IV line	11d Con Form 000 Part V line 15		
Complete if the organization answered "Yes"	Description	Trd. See Form 990, Part A, line 15.	(b) Book va	iluo
	Description		(b) Book va	liue
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	>		
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	i.	
1. (a) Description of liability			(b) Book va	llue
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(0)				

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... Schedule D (Form 990) 2019

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Sche	edule D (Form 990) 2019 BELWIN CONSERVANCY		41-0967891	Page 4
	t XI Reconciliation of Revenue per Audited Financial Sta	atements With Reve		
	Complete if the organization answered "Yes" on Form 990, Part IV, lii	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants			
d				
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			
Pa	rt XII Reconciliation of Expenses per Audited Financial St		enses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8)	5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART II, LINE 9:

BELWIN BELIEVES IT IS MOST APPROPRIATE TO ACCOUNT FOR THE CONSERVATION EASEMENTS AS A COLLECTION. THE CONSERVATION EASEMENTS ARE RECORDED AT A NOMINAL VALUE OF \$1 EACH ON THE STATEMENT OF FINANCIAL POSITION. CONSERVATION EASEMENTS ACQUIRED ARE REPORTED AS EXPENSES ON THE THE STATEMENT OF ACTIVITIES AT APPRAISED MARKET VALUE. ANY DIFFERENCE BETWEEN THE APPRAISED VALUE AND COST IS RECORDED AS AN IN-KIND CONTRIBUTION. 11(F) - BELWIN IS EXEMPT FROM INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AND APPLICABLE MINNESOTA STATUES, EXCEPT TO THE EXTENT IT HAS TAXABLE INCOME FROM BUSINESSES THAT ARE NOT RELATED TO ITS EXEMPT PURPOSES. BELWIN DID NOT HAVE ANY UNRELATED BUSINESS INCOME IN 2019 OR 2018. BELWIN BELIEVES THATIT HAS APPROPRIATE SUPPORT FOR ANY TAX

SCHEDULE L

Department of the Treasury

Internal Revenue Service

Transactions With Interested Persons

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

Employer identification number

		CONSERVAN								678	91		
Part I Excess Bene	fit Transac	ctions (section 5	01(c)(3	3), sect	ion 501(c)(4), and se	ection	501(c)(29) orga	anizati	ons o	∩ly).			
Complete if the o	rganization a	nswered "Yes" on	Form 9	990, Pa	art IV, line 25a or 25b	o, or	Form 990-EZ, P	art V,	line 40)b.			
1	(b) Relationship be	tween	disqua	lified	-\ D			_		(d)	Corre	cted?
(a) Name of disqualified pe	erson	person and o	organiza	ation	(0	(c) Description of transaction					Y	es	No
2 Enter the amount of tax in	ncurred by the	e organization ma	nagers	or disc	qualified persons du	ring t	he year under						
section 4958									▶ \$ ▶ \$				
3 Enter the amount of tax, i									▶ \$				
Part II Loans to and	l/or From I	Interested Pe	rsons	.									
Complete if the o	rganization a	nswered "Yes" on	Form 9	990-EZ	, Part V, line 38a or I	Form	990, Part IV, lin	ne 26;	or if th	ie orga	anizati	on	
reported an amou	unt on Form 9	990, Part X, line 5,											
	(b) Relationsh			oan to or	(e) Original	(f)	Balance due	(g)		(h) App by boa	proved ard or	(i) W	ritten
interested person	with organizati	zation of loan organization?		principal amount			defa	comm		nittee? ay		ment?	
			То	From				Yes	No	Yes	No	Yes	No
										igsquare			
otal				-1 D -	\$								
Part III Grants or Ass		_											
Complete if the o		nswered "Yes" on	Form 9	990, Pa									
(a) Name of interested p	erson	(b) Relationship			(c) Amount of		(d) Type) Purp		f
		interested per the organiz		ıd	assistance		assistan	ce		ć	assista	ance	
		- the organiz	ation						\perp				
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2019

Schedule L (Form 990 or 990-EZ) 2019 BELWIN CONSERVANCY 41-0967891 Page 2 Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (a) Name of interested person (b) Relationship between interested (c) Amount of (d) Description of òrganization's person and the organization transaction transaction revenues? No Yes AFTON LAND THE AFTON LAND PART 0.BELWIN STAF X 10,000.ARCHITECTUR JERRY ALLAN DIRECTOR OF BELWIN X Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: AFTON LAND RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: THE AFTON LAND PARTNERSHIP OWNS LAND ADJACENT TO LAND HELD BY BELWIN (D) DESCRIPTION OF TRANSACTION: BELWIN STAFF PROVIDES OCCASIONAL MAINTENANCE SERVICES FOR CERTAIN PROPERTIES OWNED BY AN ENTITY AFFILIATED WITH A MEMBER OF THE BELWIN BOARD, BELWIN IS REIMBURSED FOR ITS OUT-OF-POCKET EXPENSES AND FOR ANY TIME THAT ITS PERSONNEL DEVOTE TO SUCH SERVICES (NORMALLY LESS THAN \$50,000 PER ANNUM), AND BELWIN ALSO RECEIVES AN ADDITIONAL ANNUAL PAYMENT OF \$3,000 FROM THE AFFILIATED ENTITY FOR PERFORMING THESE SERVICES. (A) NAME OF PERSON: JERRY ALLAN (D) DESCRIPTION OF TRANSACTION: ARCHITECTURAL DESIGNS PROVIDED FOR NEW WETLANDS CLASSROOM

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2019

Open to Public

Open to Public Inspection

Name of the organization

BELWIN CONSERVANCY

Employer identification number 41-0967891

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: APPROXIMATELY 1500 ACRES OF LAND IN AFTON, WEST LAKELAND TOWNSHIP AND LAKELAND, MN. BELWIN COMPRISES ONE OF THE LARGEST PRIVATELY OWNED NATURAL PRESERVES IN THE TWIN CITIES REGION WITH A FOCUS ON CONNECTING PEOPLE AND THE NATURAL WORLD. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: REGION WITH A FOCUS ON CONNECTING PEOPLE AND THE NATURAL WORLD. FORM 990, PART VI, SECTION B, LINE 11B: COPY OF FORM 990 IS REVIEWED BY THE CHAIRMAN OF THE BOARD AND THE UPON APPROVAL, THE DRAFT FORM 990 IS EMAILED TO THE EXECUTIVE DIRECTOR. BOARD OF DIRECTORS OF BELWIN FOR THEIR REVIEW AND APPROVAL PRIOR TO FILING FORM 990. FORM 990, PART VI, SECTION B, LINE 12C: EACH BOARD MEMBER AND EMPLOYEE SHALL ANNUALLY REVIEW THE POLICY AND ACKNOWLEDGE BY SIGNATURE THAT HE OR SHE HAS READ IT AND IS ACTING IN ACCORDANCE WITH THIS POLICY. FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE UPON REQUEST FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2019)

186,667.

CONTRIBUTION OF ASSET

SCHEDULE R (Form 990)

Department of the Treasury

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

➤ Attach to Form 990.

Internal Revenue Service Go to www.irs.gov/Forms

2019
Open to Public Inspection

OMB No. 1545-0047

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization Employer identification number 41-0967891 BELWIN CONSERVANCY Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (a) (b) (c) (d) (e) (f) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-year assets Direct controlling of disregarded entity entity foreign country) Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year. (a) (b) (c) (d) (e) (f) (g) Section 512(b)(13) Name, address, and EIN Legal domicile (state or **Exempt Code** Public charity Direct controlling Primary activity controlled of related organization section status (if section entity entity? foreign country) 501(c)(3)) Yes No BELWIN SUPPORTING FUND - 45-3250704 THE CORPORATION SHALL 3001 BROADWAY STREET NE SUITE 640 OPERATE EXCLUSIVELY FOR BELWIN Х MINNEAPOLIS, MN 55413 THE BENEFIT OF BELWIN MINNESOTA 501(C)(3) LINE 12 CONSERVANCY

Page 2

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

	Organization and a partitioning attention partition of the partition of th												
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)		
Name, address, and EIN of related organization	Primary activity	Legal domicile	Legal domicile	Direct controlling entity	ontrolling tity Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Disproportionate		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	or Percentage	
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets	alloca	itions?	20 of Schedule	partne	ownersnip		
		country)		sections 512-514)		4,000.0	Yes	No	K-1 (Form 1065)	Yes N	0		
									1				

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b) Primary activity	(c) Legal domicile	(d) Direct controlling	(e)	(f) Share of total	(g) Share of	(h)	Sec 512(t contr ent	i) ction
Name, address, and EIN of related organization	Trimary activity	(state or foreign	entity	Type of entity (C corp, S corp, or trust)	income	end-of-year assets	Percentage ownership		
		country)		·				Yes	No
932162 09-10-19	ı	34	I	L	l	Sche	dule R (For	n 990)) 2019

Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No	
1	During the tax year, did the organization engage in any of the following transactions	s with one or more r	elated organizations listed	in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	'			1a		Х	
	Gift, grant, or capital contribution to related organization(s)				1b		Х	
С	Gift, grant, or capital contribution from related organization(s)				1c	Х		
d	Loans or loan guarantees to or for related organization(s)				1d		Х	
е	Loans or loan guarantees by related organization(s)				1e		Х	
f	Dividends from related organization(s)				1f		Х	
	Sale of assets to related organization(s)				1g		Х	
h	Purchase of assets from related organization(s)				1h		Х	
i	Exchange of assets with related organization(s)				1i		Х	
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х	
- 1	Performance of services or membership or fundraising solicitations for related orga	nization(s)			11		Х	
	m Performance of services or membership or fundraising solicitations by related organization(s)							
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)							
	 n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s) 							
р	Reimbursement paid to related organization(s) for expenses				1p		Х	
q	Reimbursement paid by related organization(s) for expenses				1q		Х	
r	Other transfer of cash or property to related organization(s)				1r		Х	
s	Other transfer of cash or property from related organization(s)				1s		Х	
	If the answer to any of the above is "Yes," see the instructions for information on w							
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved			
(1) I	BELWIN SUPPORTING FUND	С	762,772.	CASH DONATED				
(2)								
(3)								
(4)								
(5)								
(6)								
	20.40.40	35		Cahadula) /Гаж	~ 000	2010	

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are a partners 501 (c orgs) all s sec.)(3) .?	(f) Share of total income	(g) Share of end-of-year assets	Displ tio alloca	h) ropor- nate itions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	ral or Perc ging ner? own	(k) centage nership
		oddinayy	36000013 3 12-3 14)	Yes	No	eee	addete	Yes	No	(1011111003)	Yes	No	

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

•		·	details on	the electron	IC				
natic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).							
orations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnership	os, REMIC	Ss, and trusts	3				
Name of exempt organization or other filer, see instru	ctions.		Taxpayer	r identificatio	n number (TIN)				
BELWIN CONSERVANCY				41-09	67891				
Number, street, and room or suite no. If a P.O. box, s		itions.							
return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. AFTON, MN 55001									
e Return Code for the return that this application is for (fil	e a separa	ate application for each return)			0 1				
tion	Return	Application			Return				
	Code				Code				
	1	· · · · · · · · · · · · · · · · · · ·			07				
books are in the care of \blacktriangleright 1553 STAGECOACI phone No. \blacktriangleright 651-436-5189 erganization does not have an office or place of business	s in the Ui Group Exe	Fax No. ited States, check this boxemption Number (GEN) I	f this is fo	r the whole g	roup, check this				
te organization named above. The extension is for the org X calendar year 2019 or tax year beginning	anization'	s return for:			ion return for				
	3a	\$	0.						
		•			•				
			3b	\$	0.				
, .	,	, , ,	_		0				
n: If you are going to make an electronic funds withdrawal					0 • 9-EO for payment				
	this form, visit www.irs.gov/e-file-providers/e-file-for-chark natic 6-Month Extension of Time. Only submorations required to file an income tax return other than File Form 7004 to request an extension of time to file income Name of exempt organization or other filer, see instructions. BELWIN CONSERVANCY Number, street, and room or suite no. If a P.O. box, so 1553 STAGECOACH TRAIL SOUTH City, town or post office, state, and ZIP code. For a feather of the return that this application is for (file intion) Reference of the return that this application is for (file intion) CO or Form 990-EZ CO-BL CO (individual) CO-PF CO-T (trust other than above) KATIE BLOOME books are in the care of MATIE STAGECOACH condone No. MATIE STAGECOACH condo	this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-relatic 6-Month Extension of Time. Only submit origin orations required to file an income tax return other than Form 990-T se Form 7004 to request an extension of time to file income tax return 7004 to request an extension of time to file income tax return 7004 to request an extension of time to file income tax return 7004 to request an extension of time to file income tax return 7004 to request an extension of time to file income tax return 7004 to request an extension or other filer, see instructions. BELWIN CONSERVANCY Number, street, and room or suite no. If a P.O. box, see instructions. BELWIN CONSERVANCY Number, street, and room or suite no. If a P.O. box, see instructions. AFTON, MN 55001 Total Return Code for the return that this application is for (file a separation) Between Code Oo or Form 990-EZ Ool (individual) Ool or Form 990-EZ Ool or F	this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. natic 6-Month Extension of Time. Only submit original (no copies needed). orations required to file an income tax return other than Form 990-T (including 1120-C filers), partnership as Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. BELWIN CONSERVANCY Number, street, and room or suite no. If a P.O. box, see instructions. 1553 STAGECOACH TRAIL SOUTH See City, town or post office, state, and ZIP code. For a foreign address, see instructions. AFTON, MN 55001 Return Code for the return that this application is for (file a separate application for each return) is for Form 990-EZ 30 or Form 990	this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. matic 6-Month Extension of Time. Only submit original (no copies needed). orations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMIC se Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. BELWIN CONSERVANCY Number, street, and room or suite no. If a P.O. box, see instructions. 1553 STAGECOACH TRAIL SOUTH Size City, town or post office, state, and ZIP code. For a foreign address, see instructions. AFTON, MN 55001 Be Return Code for the return that this application is for (file a separate application for each return) tition Return Application Code Is For 30 or Form 990-EZ 30 or Form 8207 Form 1720 (other than individual) 30 or Form 8207 Form 8270 For	natic 6-Month Extension of Time. Only submit original (no copies needed). orations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts are Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Name of exempt organization or other filer, see instructions.				

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2020)

TAX RETURN FILING INSTRUCTIONS

MINNESOTA ANNUAL REPORT

FOR THE YEAR ENDING

December 31, 2019

Prepared for	
	Belwin Conservancy 1553 Stagecoach Trail South Afton, MN 55001
Prepared by	
	Burr Oak Group, Inc. 3001 Broadway Street NE STE. 640 Minneapolis, MN 55413
Amount due or refund	Balance due of \$25.00
Make check payable to	State of Minnesota
Mail tax return and check (if	Minnesota Attorney Generals Office
applicable) to	Charities Division 445 Minnesota Street, Suite 1200 St. Paul, MN 55101-2130
Return must be mailed on or before	Please mail as soon as possible.
Special Instructions	The report should be signed and dated by the authorized individual(s).
	Include the organization's Federal Employer Identification Number and 2019 Annual Report on the remittance.

Mail To:

Minnesota Attorney General's Office Charities Division 445 Minnesota Street, Suite 1200 St. Paul, MN 55101-2130

SECTION A: Organization Information

Website Address:

www.ag.state.mn.us/charity

STATE OF MINNESOTA

CHARITABLE ORGANIZATION ANNUAL REPORT FORM

(Pursuant to Minn. Stat. ch. 309)

C2	

Legal Name of Organization BELWIN CONSERVANC	Y
Federal EIN: 41-0967891	Fiscal Year-End: 12312019
	mm/dd/yyyy
	Did the organization's fiscal year-end change? Yes X No
Mailing Address: KATIE BLOOME	Physical Address:
Contact Person 1553 STAGECOACH TRAIL SOUTH	Contact Person 1553 STAGECOACH TRAIL SOUTH
Street Address AFTON, MN 55001	Street Address AFTON, MN 55001
City, State, and ZIP Code 651-436-5189	City, State, and ZIP Code 651-436-5189
Phone Number JOANNE@BURROAKGROUP.COM	Phone Number JOANNE@BURROAKGROUP.COM
Email Address	Email Address
Organization's website:	Alternate Former Alternate Former
4. Is the organization incorporated pursuant to Minn. Stat. ch. 31	7A? Yes X No
5. Total amount of contributions the organization received from N	1innesota donors: \$
6. Has the organization's tax-exempt status with the IRS changed Yes X No If yes, attach explanation.	d?
7. Has the organization significantly changed its purpose(s) or produced in the purpose of the p	ogram(s)?

8.	. Has the organization been denied the right to solicit contributions by any court or government agency? Yes X No If yes, attach explanation.			
9.	Does the organization use the services of a professional fundraiser (outside solicitor or solicit contributions in Minnesota? Yes X No If yes, provide the following information for each (attach list if more space is needed):	consultant) to		
	Name of Professional Fundraiser	Compensation		
	Street Address	City, State, and ZIP Code	9	
10.	If yes, is the organization required to file an audit? Yes, audit attached No Note: An organization that has total revenue of more than \$750,000 is required to file an audit prepared in accordance with generally accepted accounting principles by an independent CPA or LPA. The value of donated food to a nonprofit food shelf may be excluded from the total revenue if the food is donated for subsequent distribution at no charge and is not resold.			
11. Do any directors, officers, or employees of the organization or its related organization(s) receive total compensation* of more than \$100,000? X Yes No If yes, provide the following information for the five highest paid individuals:				
	Name and title	Compensation*	Other compensation	
	KATIE BLOOME EXECUTIVE DIRECTOR	105,000.	0.	
	*Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 1	099-MISC (Box 7)		
	issued by the organization and its related organizations to the individual. See Minn. Str.			

3(i) and Minn. Stat. \S 317A.011 for definitions.

SECTION B: Financial Information

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N. Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

Governm	ent Grants	\$ 48,582.2
3. Program	Service Revenue	\$ 3
4. Other Re	venue	\$ 137,104.
5. TOTAL	INCOME	\$ 1,301,255.

EXPENSES

6.	Program Expenses	\$ 764,064.6
7.	Management & General Expenses	\$ 156,933. ₇
8.	Fund-raising Expenses	\$ 181,891. ₈
9.	TOTAL EXPENSES	\$ 1,102,888. 9
10.	EXCESS or DEFICIT	\$ 198,367. 10
	(Line 5 minus Line 9)	_

ASSETS

11.	Cash	\$	445,214. 11
12.	Land, Buildings & Equipment	\$	10,970,506.
13.	Other Assets	\$_	1,525,625.
14.	TOTAL ASSETS	\$	12,941,345. 14

LIABILITIES

FUND BALANCE/NET WORTH	\$ 11,341,172.
18. TOTAL LIABILITIES	\$ 1,600,173. 18
17. Other Liabilities	\$ 1,499,973. ₁₇
16. Grants Payable	\$ 16
15. Accounts Payable	\$ 100,200. 15

(Line 14 minus Line 18)

Section B (continued): Statement of Functional Expenses

This expense statement must be prepared in accordance with generally accepted accounting principles. Each column must be completed, and Columns B, C, and D must equal Column A. The amount on Line 25, Column A must match Line 17 of IRS Form 990-EZ or Line 26 of IRS Form 990-PF.

Colui	mns B, C, and D must equal Column A. The amour	it on Line 25, Column A	must match line 17 of I	RS FORM 990-EZ OF LINE 2	26 OF IRS FORM 990-PF.
		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1.	Grants and other assistance to governments				
	and organizations in the U.S.				
2.	Grants and other assistance to individuals in the U.S.				
3.	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
4.	Benefits paid to or for members				
5.	Compensation of current officers, directors,				
	trustees, and key employees	100,000.	13,000.	27,000.	60,000.
6.	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1) and				
	persons described in section 4958(c)(3)(B)				
7.	Other salaries and wages	375,802.	277,295.	62,349.	36,158.
8.	Pension plan contributions (include section				
	401(k) and section 403(b) employer contributions)				
9.	Other employee benefits	44,664.	27,708.	7,910.	9,046.
10.	Payroll taxes	38,025.	23,459.	6,795.	7,771.
11.	Fees for services (non-employees):			,	·
	Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services				
	Investment management fees				
	Other	109,087.	83,116.	12,058.	13,913.
12.	Advertising and promotion	75,391.	60,589.	==/***	14,802.
13.	Office expenses	11,324.	6,986.	2,024.	2,314.
14.	Information technology	18,695.	11,534.	3,341.	3,820.
15.	Royalties	20,0301	22,3321	3,3111	3,0201
16.	Occupancy	19,206.	11,849.	3,432.	3,925.
17.	Travel	3,800.	400.	3,018.	382.
18.	Payments of travel or entertainment expenses	3,000.	400.	3,010.	302.
10.					
10	for any federal, state, or local public officials				
19.	Conferences, conventions, and meetings	2,756.	2,756.	+	
20.	Interest Payments to offiliate	2,750.	2,750.	+	
21.	Payments to affiliates	98,438.	60,730.	17,592.	20,116.
22.	Depreciation, depletion, and amortization	35,653.	21,996.	6,371.	7,286.
23.	Insurance	33,033.	41,330.	0,3/1.	1,200.
24.	Other expenses. Itemize expenses not covered				
	above. Expenses labeled miscellaneous may				
<u> </u>	not exceed 5% of total expenses (Line 25).				
	OTHER REPAIRS				
	REAL ESTATE TAXES				
	VEHICLE REPAIRS				
	MISCELLANEOUS	020 041	CO1 410	151 000	170 533
25.	Total functional expenses. Add lines 1 through 24d	932,841.	601,418.	151,890.	179,533.
26.	Joint costs. Check here SOP 98-2. Complete this line only if the organization reported in Column B joint costs from a combined educational campaign and fundraising solicitation				

Section C: Board of Directors Signatures and Acknowledgment

The form must be executed pursuant to a resolution of the board of directors, trustees, or managing group and must be signed by two officers of the organization. See Minn. Stat. § 309.52, subd. 3.

We, the undersigned, state and acknowledge that we are duly con	stituted officers of this organization, being the
(Title) and	(Title) respectively, and
that we execute this document on behalf of the organization pursuant	to the resolution of the
(Bc	pard of Directors, Trustees, or Managing Group) adopted on the
day of, 20, approving the contents of the do	ocument, and do hereby certify that the
(Bc	pard of Directors, Trustees, or Managing Group) has assumed, and will continue
to assume, responsibility for determining matters of policy, and have s	upervised, and will continue to supervise, the operations and finances of the
organization. We further state that the information supplied is true, cor	rect and complete to the best of our knowledge.
DAVID HARTWELL	
Name (Print)	Name (Print)
Signature	Signature
PRESIDENT	
Title	Title
Date	